

**Introduced by Senator Leno**February 27, 2009

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An act to add Section 13963.1 to the Government Code, relating to grants for trauma centers, and making an appropriation therefor.

## LEGISLATIVE COUNSEL'S DIGEST

SB 733, as introduced, Leno. Crime victims: trauma center grants.

The California Victim Compensation and Government Claims Board administers a program to assist state residents to obtain compensation for their pecuniary losses suffered as a direct result of criminal acts. Payment is made under these provisions from the Restitution Fund, which is continuously appropriated to the board for these purposes.

This bill would authorize the board to administer a program to award up to an unspecified amount in grants, annually, to trauma centers, as defined, with the amount of each grant being no more than an unspecified amount. By expanding the scope of services for which continuously appropriated funds are available, this bill would make an appropriation.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 13963.1 is added to the Government
- 2 Code, to read:
- 3 13963.1. (a) The board shall administer a program to evaluate
- 4 applications and award grants to trauma centers.
- 5 (b) The board shall only award a grant to a trauma center that
- 6 meets both of the following criteria:

1 (1) The trauma center demonstrates that it serves as a community  
2 resource by providing services, including, but not limited to,  
3 making presentations and providing training to law enforcement,  
4 community-based agencies, and other health care providers on the  
5 identification and effects of violent crime.

6 (2) Any other related criteria required by the board.

7 (c) The board may award grants totaling up to \_\_\_\_dollars  
8 (\$\_\_\_\_) per year, with each grant no more than \_\_\_\_ dollars  
9 (\$\_\_\_\_). All grants shall be funded only from the Restitution Fund.

10 (d) The board may award a grant providing funding for up to a  
11 maximum period of two years. Any portion of a grant that a trauma  
12 center does not use within the specified grant period shall revert  
13 to the Restitution Fund. The board may award consecutive grants  
14 to a trauma center to prevent a lapse in funding. The board shall  
15 not award a trauma center more than one grant for any period of  
16 time.

17 (e) The board, when considering grant applications, shall give  
18 preference to a trauma center that conducts outreach to, and serves,  
19 both of the following:

20 (1) Crime victims who typically are unable to access traditional  
21 services, including, but not limited to, victims who are homeless,  
22 chronically mentally ill, of diverse ethnicity, members of immigrant  
23 and refugee groups, disabled, or who have severe trauma-related  
24 symptoms or complex psychological issues.

25 (2) Victims of a wide range of crimes, including, but not limited  
26 to, victims of sexual assault, domestic violence, physical assault,  
27 shooting, stabbing, and vehicular assault, and family members of  
28 homicide victims.

29 (f) A trauma center that is awarded a grant shall do both of the  
30 following:

31 (1) Report to the board at the end of the grant period on how  
32 grant funds were spent, how many clients were served (counting  
33 an individual client who receives multiple services only once),  
34 units of service, staff productivity, treatment outcomes, and patient  
35 flow throughout both the clinical and evaluation components of  
36 service.

37 (2) Assist the board with any forms or data collection that will  
38 enable the board to qualify for federal reimbursement of the costs  
39 of providing services to crime victims at the trauma center.

- 1 (g) For purposes of this section, a “trauma center” provides,  
2 including, but not limited to, all of the following resources,  
3 treatment, and recovery services to crime victims:  
4 (1) Mental health services.  
5 (2) Assertive community-based outreach.  
6 (3) Coordination of care among medical and mental health care  
7 providers, law enforcement agencies, and other social services.  
8 (4) Services to family members and loved ones of homicide  
9 victims.  
10 (5) A multidisciplinary staff of clinicians that includes  
11 psychiatrists, psychologists, and social workers.

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